

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 560172

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8	1					
9	1					
10		7				
11		8				
12		9				
13	1					
14	1					
15		10				
16		11				
17		12				
18	1					
19		13				
20		14				
21		15				
22		16				
23		17				
24		18				
25	1					
26		19				
27		20				
28		21				
29		22				
30		23				
31		24				
32		25				
33		26				
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43		36				
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45		38				
46		39				
47		40				
48		41				
49		42				
50		43				
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	22	←		←		←
TOTAL CLAIMS	29					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						